

Request for Background Check via Electronic Fingerprinting
Prior to processing webcheck, all costs must be paid by check or money order to Village of Holland.

BCI
 FBI
 BCI and FBI
 Ink

Personal Information (please print)

Name _____ Address _____
 Date of Birth _____ City _____
 Telephone # _____ State/Providence _____
 Email Address _____ Zip Code _____

Complete this portion only if an FBI background check is needed.

Sex	Race	Height	Weight	Hair	Eyes

Type of Photo ID and ID # _____
 Social Security # _____

Reason for background check: (Be Specific)

Address for results to be mailed to:

FBI ORC # _____

BCI ORC # _____

Direct Copy Options (Select Only One)

- | | |
|------------------------------|--|
| Ohio Board of Nursing | Child Care Center - Type A - ODJFS |
| Ohio Board of Pharmacy | Dietetics Board |
| Ohio Construction Board | Lottery Commission |
| Ohio Dept of Education | Occupational Therapy, Physical Therapy & |
| Ohio Dept of Insurance | Therapy, Athletic Trainers Board |
| Ohio Dept of Liquor Control | OPOTA |
| Ohio Dept of Public Safety | Orthotics, Prosthetics, Pedorthics Board |
| Ohio Medical Board | Respiratory Care Board |
| Ohio State Racing Commission | Social Worker Board |
| BMV Dealer Licensing | |
| BMV Deputy Registrar | |

BCI \$37.00 FBI \$39.00 BCI and FBI \$61.00 No Charge: Holland Village Residents & Law Enforcement BCI/FBI Springfield Schools & Holland Village Business \$51.00 BCI Springfield Schools & Holland Village Business \$27.00 FBI Springfield Schools & Holland Village Business \$29.00 Ink Rolled 2 Cards \$40.00. Holland Village Business \$30.00 Ink Rolled \$10.00 each additional card. All costs must be paid by check or money order to Village of Holland prior to processing webcheck.

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Identification & Investigation and/or the Federal Bureau of Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, the FBI and their employees, the Village of Holland and their employees, from all claims and liability related to this authorized criminal record review and dissemination.

By signing this form the applicant acknowledges that all information on this form is accurate.
 Any mistakes or errors on this form are the responsibility of the applicant.

Applicant's Name (please print) _____ Date _____

Applicant's Signature _____

Parent / Guardian Name (minor applicants only) _____

Parent / Guardian Signature (minor applicants only) _____

	Fee collected by _____	Method of Payment & Number _____	Amount Paid _____	Receipt Number _____
	Service completed by _____		Date _____	